



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### PERFORMANCE PLANNING AND EVALUATION

**Effective Date:** November 17, 2004

**Policy #:** HR-12

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- I. PURPOSE:** To provide a uniform, consistent method of performance evaluation which will fairly evaluate employee performance and provide an established method for identifying improvements needed to achieve satisfactory ratings and take corrective action.
- II. POLICY:** Written performance evaluations will be completed for each employee at least annually using a system that evaluates major aspects of job performance. MSH expects supervisors to provide employees with additional feedback about performance on an ongoing and less formal basis throughout the year and to follow up on performance deficits immediately.
- III. DEFINITIONS:**
  - A. Appraiser – the employee’s immediate supervisor is the person that prepares the employee’s performance evaluation. Employees are generally appraised for a 12-month period.
  - B. Annual appraisal period is from January 1<sup>st</sup> – December 31<sup>st</sup> of each year.
  - C. Probationary period is a six-month period which employees new to state government must successfully complete prior to accruing permanent status.
- IV. RESPONSIBILITIES:**
  - A. Hospital Administrator is responsible for ensuring a process exists to annually evaluate employee performance.
  - B. Supervisors (Appraiser) are responsible for employee performance standards, annual review to ensure accurate position descriptions, and annually evaluating of employee’s performance. Supervisors also must allow employees the opportunity to provide a self-evaluation.
  - C. Employees are responsible for actively engaging in the performance appraisal process.
  - D. Human Resources is responsible for oversight of this policy and appraisal system, training, and overall development of the process.

**V. PROCEDURE:**

**A. THE APPRAISAL PROCESS**

1. The performance of each employee in a permanent position shall be evaluated prior to the completion of the probationary period and at least annually thereafter. Employees may also be evaluated upon vacating, transferring, or terminating employment.
2. All supervisors required to evaluate employees shall have available to them this Performance Appraisal System policy and be trained in the evaluation process.
3. Prior to beginning the appraisal period, an up-to-date Position Description which accurately reflects the requirements of the position will be reviewed with the employee. Supervisors will ensure all position descriptions are kept current.
4. Performance plans and evaluation comments will be completed on the Employee Performance Appraisal Form adopted by the Montana State Hospital (See Attachment A).
5. During the evaluation period, the Supervisor shall either directly observe the employee's performance regarding each category and when appropriate, review reports and other work products.
6. If performance standards are changed within the rating period, the employee will be informed and given adequate opportunity to meet the new standards before being evaluated under them.
7. Prior to the end of the evaluation period, the appraiser shall rate each category contained in the performance appraisal. Written comments from the appraiser are highly recommended.

**B. AFTER THE APPRAISAL FORM IS COMPLETED**

1. The Supervisor (Appraiser) shall discuss the appraisal with the employee and ask the employee to sign the appraisal document. If the employee refuses to sign, a witness other than the Supervisor shall sign and date the form.
2. The employee shall be advised of the right to submit a written rebuttal to the appraisal.
3. The employee will be given a copy of the signed appraisal document; the original document will be maintained in the employee's personnel file.
4. Supervisors will forward all completed appraisals to Human Resources for final review, data compilation, and filing.

C. MONITORING THE APPRAISAL PROCESS

1. Employees who transfer during the appraisal period will be evaluated by their current supervisor at the end of the appraisal period. The current supervisor will be responsible for obtaining the necessary information from the employee's previous supervisor(s). Employees will have at least 90 days under the supervision of their current supervisor prior to evaluation.
2. The appraisal process shall be completed by March 31<sup>st</sup> each year.
3. Supervisors will send completed forms and appropriate attachments to Human Resources to be filed in employee's personnel folders.

VI. **REFERENCES:** MOM – Policy #3-0115 “Performance Appraisal”

VII. **COLLABORATED WITH:** Director of Human Resources, Director of Nursing Services, Director of Information Resources, Chief Financial Officer, Medical Director, Quality Improvement and Public Relations Director, and Hospital Administrator.

VIII. **RESCISSIONS:** #HR-12, *Performance Planning and Evaluation* dated September 1, 2002; #HR-12, *Performance Planning and Evaluation* dated January 28, 2002; HR-12, *Performance Planning and Evaluation* dated February 14, 2000; and HOPP #12-04P.082779, *Performance Planning and Evaluation*, dated June 13, 1979.

IX. **DISTRIBUTION:** All hospital policy manuals.

X. **REVIEW AND REISSUE DATE:** November 2007

XI. **FOLLOW-UP RESPONSIBILITY:** Director of Human Resources

XII. **ATTACHMENTS:**

A. [MSH Employee Performance Evaluation](#)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Ed Amberg  
Hospital Administrator

Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Todd Thun  
Director of Human Resources

Date

# MONTANA STATE HOSPITAL EMPLOYEE PERFORMANCE EVALUATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Evaluation Period:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Date Appraisal Conducted:** \_\_\_\_\_

RATE EACH CATEGORY SEPARATELY – May include supporting comment and/or demonstrated example to support each rating given.

**JOB KNOWLEDGE & COMPREHENSION:** Understands and is knowledgeable of duties, methods, and procedures required by the job.

Satisfactory: ☐  
Needs Improvement: ☐

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**WORK QUALITY:** Completes work assignments thoroughly and completely in an accurate, prompt, and neat manner.

Satisfactory: ☐  
Needs Improvement: ☐

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**CONTRIBUTION TO WORKPLACE ENVIRONMENT:**

Demonstrates and promotes cooperation and positive behavior in the workplace. Takes accountability for job responsibilities. Promotes and supports the organization and its patients.

Satisfactory: ☐  
Needs Improvement: ☐

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**WORK RELATIONSHIPS:** Gets along well with co-workers and patients. Treats everyone with courtesy and respect. Willingly accepts supervision. Follows up promptly on requests, complaints, and concerns. Responds appropriately in confrontational situations.

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**Satisfactory:** ☐  
**Needs Improvement:** ☐

**INITIATIVE/PROBLEM SOLVING/ DECISION MAKING:**  
Performs with minimal supervision, acts promptly, seeks solutions to resolve unexpected problems that arise on the job, and makes practical routine decisions. Appropriately seeks supervisory guidance.

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**Satisfactory:** ☐  
**Needs Improvement:** ☐

**SAFETY:** Notifies supervisor of potential and actual safety issues. Prevents and takes corrective action for physical safety, sanitation, and infection control within work area. Considers safety of self and others while working.

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**Satisfactory:** ☐  
**Needs Improvement:** ☐

**ATTENDANCE & PUNCTUALITY:** Dependable, arrives at work on time, reports on all scheduled days, and adheres to break and meal schedules. Reports off and on and requests leave according to hospital policy and service level expectations.

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**Satisfactory:** ☐  
**Needs Improvement:** ☐

**CONTINUING EDUCATION:** Employee has completed the minimum required number of continuing education hours and actively and willingly participates in training activities.

Yes ☐  
No ☐

**GENERAL SUPERVISOR'S COMMENTS:**

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SUGGESTED ACTION	COMMENTS	TARGET DATE
Performance Improvement Plan		
Training		
Counseling		
Position Description Update		
Disciplinary Action		
Other		
None		

My signature below indicates that I am aware of the duties and responsibilities of my position and that I have had an opportunity to review and comment on this evaluation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appraiser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Employees may respond to the evaluation by completing the following page. The signature above does not necessarily indicate agreement with the evaluation outcome.*

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**EMPLOYEE REVIEW OPTIONAL**

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How well does your position satisfy your personal/professional goals?

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What would you like to see changed/improved?

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What training, career or future job opportunities are of interest to you?

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Please summarize your thoughts/feelings about your employment with Montana State Hospital.

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appraiser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_